**Emergency Department Procedural Sedation and Analgesia Physician Checklist**

**Pre-Procedural Assessment**
- Past medical history (note history of OSA)
- Prior problems with sedation/analgesia
- Allergies to food or medications
- Procedure
- Durations: none / upper / lower
  - Should remain in during PSA (unless interruption required)
- Cardiorespiratory reserve: no or mild impairment / moderate impairment / significant impairment
- Difficult airway features: none / mild concern / significant concern
- Last oral intake (see fasting grid on reverse)
  - Will delay procedure until...
  - Benefits of providing with PSA excluded risks

**Difficult Airway Features**
- Difficult Laryngoscopy:
  - Look externally, Evaluate 3-3-2 rule, Malampati score, Obstruction, Neck Mobility
  - Difficult BMI Ventilation: Board, Obese, No teeth, Elderly, Sleep Apnea / Snoring

**Difficult LMA:**
- Restricted mouth opening, Obstruction, Distorted airway, Shift 1/2 or c-spine
- Difficult Intubation:
  - Surgery, Herniation, Fracture, Obstruction, Radiation, Distortion or other deformity, Turner

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**Is this patient a good candidate for ED procedural sedation and analgesia?**
- The less cardiorespiratory reserve, the more difficult the airways, and the less procedural urgency, the more likely the patient should not receive PSA in the emergency department. If not a good candidate for ED-based PSA, other options include regional or local anesthesia, PSA or GA in the operating room, or endotracheal intubation in the ED.

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**Pre-procedure Preparation**
- Analgesia - maximal patient comfort prior to PSA
- Informed consent for PSA and procedure
- Monitor on patient: telemetry, NIBP, SpO2, ECG
- Select NC with CO2 and high flow face mask O2
- Select and draw up PSA agent(s)
- Reversal agents and paralytic visits at bedside
- Prepare for endotracheal intubation

**Airway Equipment**
- Ambu bag connected to oxygen
- Laryngoscopy handles and blades
- Suction, oral & nasal airways
- Endotracheal tubes & styles
- LMA with lubricant and syringe
- Colorimetric capnometer
- Bougie & difficult airway equipment

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**Post-procedure Assessment**

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**PSA Intervention Sequence**
- Proceed down intervention sequence as slowly as patient condition permits
- Jaw thrust as illustrated above - thumbs on mandible, four fingers posterior to ramus
- Laryngoscope notch is behind the vocalis, between mandibular process and condyle of mandible - bilateral, firm pressure medially and cephalad (up and in)
- If detection hypoventilation early
- Suction if needed
  - Laryngospasm notch pressure
- Nasal airways
  - Consider reversal agents
  - Bag mask or LMA ventilation
  - Oral airway; ventilation
  - Intubate

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**Fasting Grid**

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**Additional Comments**